Target fixed for Rajasthan under NRHM

3728. DR. GYAN PRAKASH PILANIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of programme being implemented under Rural Health Scheme, in the country;

(b) the targets fixed for 2007-08 and 2008-09, and the achievements thereof, particularly in Rajasthan;

(c) the status of health scenario in India, programme-wise and where does Rajasthan stand; and

(d) how do various national parameters of Rural Health in India compare to developing/developed countries?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) The programmatic details of the National Rural Health Mission (NRHM) are available on the website of the Ministry at www.mohfw.nic.in. Though NRHM does not have a target based approach but there are expected outcomes outlined in the Mission relating to health indicators like, MMR, IMR, TFR etc., which for the Country and Rajasthan are as follows:

Indicators	Current Status (National)	Current Status (National)
Maternal Mortality Ratio (MMR) Source: SRS-04-06	254	388
Infant Mortality Rate (IMR) Source: SRS-07	55	65
Total Fertility Rate (TFR) Source: SRS-07	2.7	3.4
Institutional Deliveries (ID) Source: DLHS-III-2007	47.00	45.5
Crude Birth Rate (CBR) Source: SRS-07	23.1	27.9
Crude Death Rate (CDR) Source: SRS-07	7.4	6.8

(d) There is no national parameter to judge the progress of the rural health scenario in the developed and developing country but the same could be done by analyzing TFR, IMR, MMR, under-5 mortality rate, immunization coverage, contraceptive prevalence rate, births attended by skilled health personnel etc. under Millennium development Goals which are the vital health indicators for assessing the situation between countries around the world. This information is available in the public domain on website (*http://hdr.undp.org/en/reports/global/hdr* 2007-2008). While significant progress has been made since independence in improving life

expectancy, reducing infant mortality and deaths due to malaria, India has a long way to go in reaching the levels of developed nations in health indicators. The thrust under the National Rural Health Mission is likely to improve the above health indicators further.

RCH programme Phase-I and II

3729. DR. GYAN PRAKASH PILANIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what are the objectives of Reproductive and Child Health (RCH) programme Phase-I and Phase-II and how far have they been achieved;

(b) whether NRHM aims to provide rural healthcare services through creation of a cadre of ASHA, usually a local matriculate, getting a monthly pittance only and is a dissatisfied cadre;

(c) whether any survey/feedback has been undertaken to assess utility of ASHA and satisfaction level of villages with their performance;

(d) if so, details thereof; and

(e) the present status of ASHA in Rajasthan, how many have been appointed, how many villages covered, how much budget has been sanctioned etc.?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) The Phase-I of Reproductive and Child health (RCH-I) was launched in the year 1997 with the overall objective of reducing infant, child and maternal mortality.

The second phase of RCH programme (RCH-II) was launched in April 2005 for a period of five years. The main objective of the programme is to bring about a reduction in mainly three critical health indicators, namely, Infant Mortality Rate (IMR), Maternal Mortality Ration (MMR) and Total Fertility Rate (TFR). The overall progress achieved on these goals is as follows:

Indicator	RCH-II Goals (2005-10)	Current Status
Infant Mortality Rate (IMR)	<30/1000	55/1000 (SRS 2007)
Maternal Mortality Ratio (MMR)	<100/100000	254/100000 (SRS 2004-06)
Total Fertility Rate (TFR)	<2.1	2.7(SRS 2007)

(b) ASHAs do not constitute a cadre of regular healthcare employees. National Rural Health Mission aims to provide accessible and affordable healthcare services to the poor and vulnerable sections of the population, through up-gradation of infrastructure, up-gradation of skills, hiring of contractual manpower including doctors, Auxiliary Nurse Mid-wives (ANMs) etc. The Mission aims at bridging the gap in Rural health Care Services through ASHAs, who is an